

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10459

## 1. PLACE OF DEATH

County

St. Mary's

Village or City

Chaptico md

No.

St.

Ward

Length of residence in city or town where death occurred

77

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Stephen H. Bowman

(a) Residence: No.

Chaptico md

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

widowed

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Carie Bowmen

6. DATE OF BIRTH (month, day, and year)

Jan 2 - 1857

7. AGE

Years

Months

Days

If LESS than  
1 day, ----- hrs.  
or ----- min.

77

9

23

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

none

10. Date deceased last worked at  
this occupation (month end  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Maryland

MOTHER | FATHER

13. NAME

Stephen J. Bowman

14. BIRTHPLACE (city or town)  
(State or country)

Maryland

15. MAIDEN NAME

Jane Daisey

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT  
(Address)Charles Bowman  
Chaptico md

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Joseph

Date

10/27, 1934

19. UNDERTAKER  
(Address)J. B. Welch  
Chaptico md

20. FILED

Oct. 26, 1934

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 25, 1934  
(Month) (Day) (Year)

22.

I HEREBY CERTIFY, That I attended deceased from

1933 to Oct 25, 1934

I last saw him alive on Oct 10, 1934; death is said  
to have occurred on the date stated above, at 11 P. m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Carcinoma prostate, 1932?  
md. bladder

Date of onset

Other Contributory Causes of importance:

Chronic myocarditis

Name of operation

exploratory

Date of

1932

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alaymus C. Welch M. D.

(Address)

Chaptico md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1934  
5-1

(M)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10460

## 1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 284

Village or City Charles Hall No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Amin Elizabeth Barnes

(a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |                                  |  |
|--|----------------------------------|--|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u>        |
| 5a. If married, widowed, or divorced<br>HUSBAND of <u>William Christopher Barnes</u><br>(or) WIFE of       |                                  |  |
| 6. DATE OF BIRTH (month, day, and year)<br><u>Jan 22 - 1857</u><br><u>Oct 8 - 1934</u>                     |                                  |  |
| 7. AGE<br><u>77</u>  | Years<br><u>8</u>                | Months<br><u>12</u>  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>none</u> |                                  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. |
| 10. Date deceased last worked at this occupation (month end year)  |                                  | 11. Total time (years) spent in this occupation                                    |

12. BIRTHPLACE (city or town)  
(State or country)

|        |   |
|--------|---|
| FATHER | 13. NAME<br><u>Addison Rollins</u>                                |
|        | 14. BIRTHPLACE (city or town)<br>(State or country)<br><u>Va.</u> |
| MOTHER | 15. MAIDEN NAME<br><u>Elizabeth Ann Laughlin</u>                  |
|        | 16. BIRTHPLACE (city or town)<br>(State or country)<br><u>Va.</u> |

17. INFORMANT Mr. Harry Ward  
(Address) Charles Hall

18. BURIAL, CREMATION, OR REMOVAL  
Place Charles Hall Date Oct 8 - 1934

19. UNDERTAKER Lee & Son  
(Address) Wich. Va.

20. FILED Oct 5 - 1934 James S. Johnson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 5 1934  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from  
Sept 17, 1934, to Oct 5, 1934

I last saw him alive on Oct 4, 1934; death is said to have occurred on the date stated above, at 5 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Tan, Heart disease

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_

(Signed) Levin J. S. Johnson M. D.  
(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10461

## 1. PLACE OF DEATH

County St. MarysVillage or City Seaboard Station

Length of residence in city or town where death occurred \_\_\_\_\_ yrs.

mos one ds.

How long in U. S. of foreign birth? \_\_\_\_\_ yrs.

mos \_\_\_\_\_ ds.

Registration Dist. No. 284St. St. Marys Neaps Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME William C. Collins(a) Residence: ND. Chaptin md St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                    |  |
|-----------------------|------------------------------------|--|
| 3. SEX<br><u>male</u> | 4. COLOR OR RACE<br><u>Colored</u> | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED ( <u>write the word</u> )<br><u>single</u> |
|-----------------------|------------------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) Aug 7- 1921

|        |           |          |          |  |
|--------|-----------|----------|----------|--|
| 7. AGE | Years     | Months   | Days     | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|        | <u>13</u> | <u>2</u> | <u>5</u> |  |

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country) Maryland

FATHER

13. NAME John L. Collins14. BIRTHPLACE (city or town)  
(State or country) Maryland

MOTHER

15. MAIDEN NAME Agnes Neal16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT John L. Collins(Address) Chaptin md

18. BURIAL, CREMATION, OR REMOVAL

Place St. JosephDate 10/14

1934

19. UNDERTAKER A. C. Welch(Address) Chaptin md20. FILED Oct 13, 1934

1934

Wm. J. Bohannon

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 12, 1934

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY That I attended deceased from

I last saw him alive on July 31, 1934 to Oct 11, 1934; death is saidto have occurred on the date stated above, at 11:15 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of Importance  
were as follows:

Date of onset

Acute endocarditisJuly 1934

Other Contributory Causes of Importance:

Acute Rheumatic FeverJuly 1934Name of operation no

Date of \_\_\_\_\_

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or Injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Alonius C. Welch

M. D.

(Address) Chaptin md



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10463

## 1. PLACE OF DEATH

County St Marys Registration Dist. No. 283  
 Village or City Choptico No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 57 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Benjamin Countis  
 (a) Residence: No. Choptico rd St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |  |   |
|---|--|---|
| 3. SEX<br><u>male</u>   | 4. COLOR OR RACE<br><u>colored</u>                 | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of <u>Martha Countis</u><br>(or) WIFE of _____    |  |   |
| 6. DATE OF BIRTH (month, day, and year)<br><u>1897</u> <u>Port know.</u>                          |  |   |
| 7. AGE<br>Years <u>57</u><br>Months <u>?</u><br>Days <u>unk. 3</u>                                | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.       |  |   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Farming</u> |  |   |
| 10. Date deceased last worked at this occupation (month and year)<br><u>Oct 1934</u>              |  | 11. Total time (years) spent in this occupation <u>30</u>                   |

12. BIRTHPLACE (city or town)  
(State or country) Choptico md.

13. NAME Joseph Countis  
 14. BIRTHPLACE (city or town)  
(State or country) Maryland

15. MAIDEN NAME Julia Daisey  
 16. BIRTHPLACE (city or town)  
(State or country) Maryland

17. INFORMANT Edward Countis  
(Address) Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL  
Place St Joseph's Date 10/30, 1934

19. UNDERTAKER A. C. Welch  
(Address) Choptico md

20. FILED Oct 29, 1934 A. P. Johnson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 27, 1934  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from  
Oct 27, 1934, to Oct 28, 1934

I last saw him alive on Oct 28, 1934; death is said

to have occurred on the date stated above, at 2:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fractured Skull  
Cerebral Hemorrhage  
 Date of onset 10/27/34

Other Contributory Causes of importance:

Shock

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide accident Date of injury 10/27, 1934

Where did injury occur Choptico md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Hit and run accident?

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Alexander S. Welch M. D.

(Address) Choptico md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
|  |               |
|  |               |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |
|  |               |
|  |               |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
|  |               |
|  |               |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |
|  |               |
|  |               |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10464

## 1. PLACE OF DEATH

County St. MarysVillage or City Pearson

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

No. 123 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Thomas Edward Cullison

(a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |   |  |
|--|---|--|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of _____<br>(or) WIFE of _____ |   |  |
| 6. DATE OF BIRTH (month, day, and year) <u>July 26 / 34</u>                    |   |  |
| 7. AGE<br>Years _____<br>Months <u>2</u><br>Days <u>17</u>                     | If LESS than<br>1 day, _____ hrs.<br>or _____ min.  |  |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>none</u> |  |
|  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____                |  |
| 10. Date deceased last worked at this occupation (month and year) _____        |   | 11. Total time (years) spent in this occupation _____                      |

|  |  |
|--|--|
| FATHER   | 12. BIRTHPLACE (city or town) <u>Pearson</u><br>(State or country) <u>md</u> |
|  | 13. NAME <u>Paul E Cullison</u>  |
| MOTHER   | 14. BIRTHPLACE (city or town) <u>Ridge</u><br>(State or country) <u>md</u>   |
|  | 15. MAIDEN NAME <u>Mary M Wood</u>   |
| MOTHER   | 16. BIRTHPLACE (city or town) <u>Ridge</u><br>(State or country) <u>md</u>   |
|  | 17. INFORMANT <u>Paul E Cullison</u><br>(Address) <u>Pearson, md</u>         |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>St James Cemetery</u> Date <u>Oct 13, 1934</u> |  |
| 19. UNDERTAKER <u>Paul E Cullison</u><br>(Address) <u>Pearson, md</u>                        |  |
| 20. FILED <u>Oct 13, 1934</u> <u>Hyman MD</u><br>Local Registrar.                            |  |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 13, 1934  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY That I attended deceased from

Oct 12, 1934, to Oct 13, 1934.  
I last saw him alive on Oct 12, 1934; death is said to have occurred on the date stated above, at 12:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Pyelonephritis: no history of any other disease. 10/1/34

## Other Contributory Causes of Importance:

Diarrhoea, lasting ten days, one month prior to death.Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Hyman MD M. D.(Address) Grant Mills, md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County St. Marys

Village or City Helin (No. \_\_\_\_\_)

2 FULL NAME John R. Curry

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 284

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH Sept. 3, 1968  
(Month) (Day) (Year)

7 AGE 66 yrs. 1 mos. 10 ds. If LESS than 1 day \_\_\_\_ hrs. or \_\_\_\_ min.?

8 OCCUPATION  
(a) Trade, profession or particular kind of work Farmer  
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) St. Marys Co. Md.

10 NAME OF FATHER John Curry

11 BIRTHPLACE OF FATHER (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary St. Clair

13 BIRTHPLACE OF MOTHER (State or country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Raymond Curry  
(Address) Helin Md.

15 Filed Oct 15 1974 Levin J. Jackson  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 13, 1974  
(Month) 13 (Day) 1974 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Oct. 11, 1974 to Oct. 13, 1974.

that I last saw him alive on Oct. 13, 1974.

and that death occurred on the date stated above, at 2 P.m.  
The CAUSE OF DEATH \* was as follows:

Cerebral Thrombosis

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory  
Secondary

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) Levin J. Jackson M. D.  
Oct 15 1974 (Address) Chapin Co

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St. Joseph Cemetery DATE OF BURIAL Oct 16, 1974

20 UNDERTAKER A. C. Welch ADDRESS Chapin Co

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus, *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"; *Typhoid fever* avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

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unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Hemiplegia," "Marasmus," "Old Age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County St Mary'sVillage or City Budds CreekSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 2924

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Thomas Curley

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)6 DATE OF BIRTH Don't know 1854  
(Month) (Day) (Year)7 AGE 75 yrs. \_\_\_\_ mos. \_\_\_\_ ds. or \_\_\_\_ min.?  
If LESS than 1 day \_\_\_\_ hrs.8 OCCUPATION  
(a) Trade, profession or particular kind of work Labour  
(b) General nature of industry, business, or establishment in which employed (or employer) Gen work9 BIRTHPLACE  
(State or country) St Mary's Co Md10 NAME OF FATHER Don't know11 BIRTHPLACE OF FATHER  
(State or country) Md12 MAIDEN NAME OF MOTHER Don't know13 BIRTHPLACE OF MOTHER  
(State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. M. Green(Address) Budds Creek15 Filed Oct 21 1934 Sam J. Jackson  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 20 1934  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from June 1934 to Oct 20 1934that I last saw him alive on Aug 20 1934and that death occurred on the date stated above, at 7 P m.

The CAUSE OF DEATH \* was as follows:

Heart suddenly  
Chronic Val Heart Disease(Duration) 2 yrs. \_\_\_\_ mos. \_\_\_\_ ds.Contributory Arterio Sclerosis  
Secondary

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) Sam J. Jackson M. D.192 \_\_\_\_ (Address) Budds Creek

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

John Wesley Church Oct 22 1934

20 UNDERTAKER

ADDRESS

A. B. Welch Chapin's



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus, *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

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unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Traema," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10457

## 1. PLACE OF DEATH

County St. Mary'sRegistration Dist. No. 287Village or City New Riceville

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME No Name Dent

(a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                  |  |
|-----------------------|----------------------------------|--|
| 3. SEX<br><u>Male</u> | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
|-----------------------|----------------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of Single

6. DATE OF BIRTH (month, day, end year) Oct. 13, 1934

|        |       |        |              |  |
|--------|-------|--------|--------------|--|
| 7. AGE | Years | Months | Days         | If LESS than 1 day, _____ hrs. or _____ min. |
|        |       |        | <u>1 1/2</u> |  |

|            |  |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>None</u> |
|            | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.<br><u>None</u>          |
|            | 10. Date deceased last worked at this occupation (month and year)<br><u>None</u>                           |
|            | 11. Total time (years) spent in this occupation<br><u>None</u>   |

12. BIRTHPLACE (city or town) Riceville  
(State or country) St. Mary's Co. Md13. NAME Samuel H. Dent14. BIRTHPLACE (city or town) Faradale  
(State or country) Pa15. MAIDEN NAME Emma F. Graham16. BIRTHPLACE (city or town) Faradale  
(State or country) Pa17. INFORMANT Emma F. Dent  
(Address) Riceville Md18. BURIAL, CREMATION, OR REMOVAL  
Place Riceville Date Oct-16, 193419. UNDERTAKER Samuel H. Dent  
(Address) Riceville Md20. FILED 10/15, 1934 Chesapeake  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct- 15, 1934  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
Oct-13, 1934, to Oct-16, 1934I last saw him alive on Oct 13, 1934; death is said to have occurred on the date stated above, at 2 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute dilatation Heart Oct 15-16

Other Contributory Causes of importance:  
Prerenal uremia during  
French pneumonia +  
slow delivery

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? ✓ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓, 1934Where did injury occur? ✓  
(Specify city or town, county and State)  
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.Manner of injury ✓

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W. L. Chappell M. D.  
(Address) Chesapeake Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Pilonitis</i>              | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10468

## 1. PLACE OF DEATH

County St. MarysVillage or City BridgeRegistration Dist. No. 287No. 23 St.        Ward       

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 26 yrs.        mos.        ds. How long in U.S. if of foreign birth?        yrs.        mos.        ds.

## 2. FULL NAME

Mari Dorsey(a) Residence: No.       St.        Ward.       

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                         |                                  |  |
|-------------------------|----------------------------------|--|
| 3. SEX<br><u>Female</u> | 4. COLOR OR RACE<br><u>Black</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
|-------------------------|----------------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND of         
(or) WIFE of       6. DATE OF BIRTH (month, day, and year) Unknown, 1905

|        |           |                |               |  |
|--------|-----------|----------------|---------------|--|
| 7. AGE | Years     | Months         | Days          | If LESS than<br>1 day, <u>      </u> hrs.<br>or <u>      </u> min. |
|        | <u>26</u> | <u>unknown</u> | <u>      </u> | <u>      </u>  |

|            |   |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>Housework</u> |
|            | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.<br><u>own home</u>           |
|            | 10. Date deceased last worked at this occupation (month and year)<br><u>Sept 1933</u>                           |
|            | 11. Total time (years) spent in this occupation <u>8</u>  |

12. BIRTHPLACE (city or town)  
(State or country) Bridge, Md13. NAME Joseph Dorsey14. BIRTHPLACE (city or town)  
(State or country) Bridge, Md15. MAIDEN NAME Mary Dyeon16. BIRTHPLACE (city or town)  
(State or country) Bridge, Md17. INFORMANT Joseph Dorsey  
(Address) Bridge, Md18. BURIAL, CREMATION, OR REMOVAL  
Place St. Peter's Cemetery Date Oct 8, 193419. UNDERTAKER E. L. Robinson  
(Address) Dameron, Md20. FILED Oct 7, 1934 At Home Md  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 7, 1934  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1934, to Oct 7, 1934I last saw him alive on Oct 5, 1934; death is saidto have occurred on the date stated above, at 7 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 8/1/33

## Other Contributory Causes of importance:

Name of operation        Date of       What test confirmed diagnosis?        Was there an autopsy?       

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?        Date of injury       , 19      Where did injury occur?       

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury       Nature of injury       24. Was disease or injury in any way related to occupation of deceased? noIf so, specify       (Signed) At Home M. D.(Address) Great Mills, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10469

## 1. PLACE OF DEATH

County *St. Marys*Village or City *Pearsons*

No.

St.

Ward

Length of residence in city or town where death occurred *11* yrs.

mos.

ds.

How long in U.S. if of foreign birth? *11* yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No. *Dr. Hodgson's place*

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*Female*

4. COLOR OR RACE

*black*5. SINGLE, MARRIED, WIDDED,  
OR DIVORCED (write the word)*Single*

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of*Single*

6. DATE OF BIRTH (month, day, and year)

*May day 1923*

7. AGE

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

*11**4**about**15*

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BDDKKEEPER, etc.*School girl.*9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation *5 School*12. BIRTHPLACE (city or town)  
(State or country)*Pearsons  
Maryland*

13. NAME

*Thomas William Dyson*14. BIRTHPLACE (city or town)  
(State or country)*Pearsons  
Md*

15. MAIDEN NAME

*Lucy Ellen Barnes.*16. BIRTHPLACE (city or town)  
(State or country)*Brittons  
Maryland*17. INFORMANT  
(Address)*Thomas Wilson Dyson  
Pearsons Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Nicholas Church*Date *Oct 17*, 19*34*19. UNDERTAKER  
(Address)*Thomas Harris  
Hermanville*

20. FILED

*Oct 17, 1934**W. Dyson MD  
Local Registrar.*

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

*October 16*, 193*4*  
(Month) (Day) (Year)22. I HEREBY CERTIFY That I attended deceased from  
*Oct 16*, 19*34*, to *Oct 16*, 19*34*  
I last saw him alive on *Oct 16 about 1:30 pm*, 19*34*; death is said  
to have occurred on the date stated above, at *2 P.m.*The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*Apparently started with indigestion Oct 3-  
At time examined per spec had  
temp. 104.2 F. not rational  
acute Bronchitis Pneumoniae of  
both lungs.*

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis? *Physical Exam.* Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed)

(Address)

*Brown, C. A.  
Leonardtown Md.*

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County St. Marys Registration Dist. No. 282  
 Village or City Leonardtown Md. No. St. Marys Hospital St. Ward  
 (If death occurred in a hospital or institution, give its NAME, instead of street and number)  
 Length of residence in city or town where death occurred yrs. 12 mos. 12 ds. How long in U.S. if of foreign birth? yrs. 12 mos. 12 ds.

## 2. FULL NAME

James Kennedy Ford  
 (a) Residence: No. 117 Columbia St. St. Ward Cumberland Md.  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Stack Ford

6. DATE OF BIRTH (month, day, and year) May 16th. 1884

7. AGE Years 50 yrs. Months 5 Days 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Druggist  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
 10. Date deceased last worked at this occupation (month and year) Oct. 11th. 1934 11. Total time (years) spent in this occupation 32 yrs.

12. BIRTHPLACE (city or town) Clarkspurg (State or country) W. Virginia

13. NAME Michael Ford

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Katherine Jane Kennedy

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. Adeline D. Clark (Address) 450 Royce Ave. Mt. Vernon Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cumberland Md. Date Oct. 15th. 1934

19. UNDERTAKER H. C. Maltby (Address) Leonardtown Md.

20. FILED 10/15, 1934 Cummins Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 15th., 1934  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13th., 1934 to Oct. 15th., 1934

I last saw him alive on Oct. 15th., 1934; death is said to have occurred on the date stated above, at 2:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis Date of onset

Other Contributory Causes of Importance: Hypertensive congestion 10-14-34

acute gangrene of the lungs 10-14-34

death apperception 10-14-34

Name of operation autopsy Date of Oct. 16th.

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) James F. McKeown M. D.

(Address) 123 Biggs St. Cumberland Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Pecilonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10471

## 1. PLACE OF DEATH

County St. Marys Registration Dist. No. 287  
 Village or City Park Hall No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. 1 mos. 24 ds. How long in U. S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Eva M. Goodland

(a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |   |   |
|--|---|---|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br><u>single</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of _____<br>(or) WIFE of _____               |   |   |
| 6. DATE OF BIRTH (month, day, and year) <u>Aug 18, 1934</u>                                  |   |   |
| 7. AGE<br>Years _____<br>Months <u>1</u><br>Days <u>28</u>                                   | If LESS than<br>1 day, _____ hrs.<br>or _____ min.  |   |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>none</u> |   |
|  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____                |   |
| 10. Date deceased last worked at this occupation (month and year) _____                      |   | 11. Total time (years) spent in this occupation _____                         |
| 12. BIRTHPLACE (city or town) <u>Park Hall</u><br>(State or country) <u>Ind</u>              |   |   |
| FATHER   | 13. NAME <u>Elmer Goodland</u>  |   |
|  | 14. BIRTHPLACE (city or town) _____<br>(State or country) <u>Maryland</u>                               |   |
| MOTHER   | 15. MAIDEN NAME <u>Eva M. Wheatley</u>  |   |
|  | 16. BIRTHPLACE (city or town) _____<br>(State or country) <u>Maryland</u>                               |   |
| 17. INFORMANT <u>Elmer Goodland</u><br>(Address) <u>Park Hall Ind</u>                        |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>St. James Cemetery</u> Date <u>Oct 5, 1934</u> |   |   |
| 19. UNDOERTAKER <u>Elmer Goodland</u><br>(Address) <u>Park Hall, Ind</u>                     |   |   |
| 20. FILED <u>Oct 5, 1934</u> <u>St. James Ind</u><br>Registrar.                              |   |   |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 5, 1934  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Oct 2, 1934 to Oct 5, 1934

I last saw him alive on Oct 4, 1934; death is said to have occurred on the date stated above, at 7 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Broncho pneumonia Date of onset 10/1/34

Other Contributory Causes of Importance:

Rickets 8/11/34

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) St. James M. D.

(Address) Great Mills, Ind



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       |                     |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |
|                                       |                     |
|                                       |                     |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|                   |                    |
|                   |                    |

Example II

The principal cause of death and related causes of importance were as follows:

|                               |                   |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |
|                               |                   |
|                               |                   |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|                        |               |
|                        |               |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10472

## 1. PLACE OF DEATH

County St. MarysVillage or City Brookside md

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Estelle Goldring

(a) Residence: No.

Brookside md

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5e. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Moses Goldring

6. DATE OF BIRTH (month, day, end year)

Don't know - 1902

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

32 ???

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Housewife

10. Data deceased last worked at this occupation (month and year)

Feb 1934

11. Total time (years) spent in this occupation

30

12. BIRTHPLACE (city or town)

(State or country)

Maryland

FATHER

13. NAME

Abraham Key

14. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER

15. MAIDEN NAME

Maggie McIlwain

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

Moses Goldring

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Joseph

Date

Oct 7, 1934

19. UNDERTAKER

(Address)

Elmer R. Jarboe

20. FILED

Date

Oct 7, 1934

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct54

(Month)

(Day)

1934 (Year)

22.

I HEREBY CERTIFY, That I attended deceased from

One visit on July193419I last saw her alive on July 34, 1934; death is saidto have occurred on the date stated above, at 6 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Intercuriosis

Date of onset

7

Other Contributory Causes of importance:

none

Name of operation

Date of

What last confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Alayna C. Welch

M. D.

(Address)

Brookside md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10473

## 1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 282  
 Village or City Leonardtown No. 92-a St. Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth?        yrs.        mos.        ds.

## 2. FULL NAME

Joseph Ignatius Gough  
 (a) Residence: No.        Leonardtown Md. Ward.         
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |                                  |  |
|---|----------------------------------|--|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u>        |
| 5a. If married, widowed, or divorced<br>HUSBAND of <u>Alberta E. Hayden</u><br>(or) WIFE of <u>      </u>           |                                  |  |
| 6. DATE OF BIRTH (month, day, and year) <u>Aug 19 - 1864</u>  |                                  |  |
| 7. AGE<br>Years <u>70</u>   | Months <u>2</u>                  | Days <u>0</u>  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>Brotherkeeper</u> |                                  | 11. Total time (years) spent in this occupation<br><u>      </u>                   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.<br><u>      </u>                 |                                  | 10. Date deceased last worked at this occupation (month and year)<br><u>      </u> |

|  |  |
|--|--|
| FATHER   | 12. BIRTHPLACE (city or town) (State or country)<br><u>St. Mary's Md.</u>  |
|  | 13. NAME<br><u>Joseph T. Gough</u>   |
| MOTHER   | 14. BIRTHPLACE (city or town) (State or country)<br><u>St. Mary's Md.</u>  |
|  | 15. MAIDEN NAME<br><u>Elizabeth Roach</u>                                  |
| INFORMANT  | 16. BIRTHPLACE (city or town) (State or country)<br><u>St. Mary's Md.</u>  |
|  | 17. INFORMANT (Address)<br><u>Marshall Gough</u><br><u>Leonardtown Md.</u> |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>St. Mary's Cemetery</u> Date <u>Oct 1st 1934</u> |  |
| 19. UNOERTAKER (Address)<br><u>Wm. E. Ignatius Gough</u><br><u>Leonardtown Md.</u>             |  |
| 20. FILED <u>10/21</u> 19 <u>34</u> <u>Caualier</u><br>Registrar.                              |  |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 19th 1934  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Aug 10 - 1934, to Oct 19th 1934  
 I last saw him alive on Oct 19th 1934; death is said to have occurred on the date stated above, at 4:30 m.  
 The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  
Myocardial insufficiency  
 Date of onset Oct 1933

Other Contributory Causes of Importance:  
Endocarditis 1910  
 Name of operation        Date of         
 What test confirmed diagnosis?        Was there an autopsy?       

23. If death was due to external causes (VIOLENCE) fill in also the following:  
 Accident, suicide, or homicide?        Date of injury       , 19        
 Where did injury occur?         
 (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury         
 Nature of Injury       

24. Was disease or Injury in any way related to occupation of deceased? No  
 If so, specify         
 (Signed) J. F. Gough M. D.  
 (Address) Leonardtown Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10474

## 1. PLACE OF DEATH

County

St. Mary's

Village or City

Chaptles

No.

Registration Dist. No. 284

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 72 yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

Chaptles

(Usual place of abode)

Md.

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

James L. Gaugh

6. DATE OF BIRTH (month, day, and year)

April 13, 1862

7. AGE

Years

Months

Days

If LESS than

72

5

29

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

None

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Maryland

FATHER

13. NAME

Thomas L. Davis

14. BIRTHPLACE (city or town)  
(State or country)

Maryland

MOTHER

15. MAIDEN NAME

Eliza Catherine Hayden

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT  
(Address)Edelena Gaugh  
Chaptles, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Joseph's Ch.

Date

Oct. 14, 1934

19. UNOERTAKER  
(Address)A. C. Welch  
Chaptles, Md.

20. FILED. Oct. 13, 1934

Louis J. Sostrom  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October

12

1934

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from  
Oct. 12, 1934, to Oct. 12, 1934I last saw her alive on Oct. 12, 1934; death is said  
to have occurred on the date stated above, at 7:45 P. M.The PRINCIPAL CAUSE OF DEATH and related causes of Importance  
were as follows:Acute Cardiac dilatation  
Primary Cause: Chronic myocarditis  
Duration: not stated. (Specify)

Date of onset

10/12/34

Other Contributory Causes of importance:

Acute Pulmonary edema

10/12/34

Name of operation

None

Date of

What test confirmed diagnosis?

None

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

None

Nature of injury

"

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Alaycus C. Welch  
Chaptles, Md.

M. O.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10475

## 1. PLACE OF DEATH

County St. Marys Registration Dist. No. 282  
 Village or City Leonardtown No. 119 St.          Ward           
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred          yrs.          mos.          ds. How long in U.S. if of foreign birth?          yrs.          mos.          ds.

2. FULL NAME Agnes Norma Graves

(a) Residence: No. Leonardtown St.          Ward.           
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 9 1934

7. AGE Years 3 Months 12 Days          If LESS than 1 day,          hrs. or          min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ind  
 (State or country)

FATHER

13. NAME Albert Graves

14. BIRTHPLACE (city or town) Ind  
 (State or country)

MOTHER

15. MAIDEN NAME Leva Norris

16. BIRTHPLACE (city or town) Ind  
 (State or country)

17. INFORMANT Albert Graves  
 (Address) Leonardtown

18. BURIAL, CREMATION, OR REMOVAL

Place St. Charles Date Oct. 2, 1934

19. UNDERTAKER Albert Graves  
 (Address) Leonardtown

20. FILED Oct. 1, 1934 Leonardtown

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 1, 1934  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1934, to Oct. 1, 1934

I last saw him alive on Sept. 30, 1934; death is said to have occurred on the date stated above, at 6:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Acute Entero-calcitis

Other Contributory Causes of importance:

Name of operation          Date of           
 What test confirmed diagnosis?          Was there an autopsy?         

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?          Date of injury         , 19        

Where did injury occur?           
 (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury         

Nature of injury         

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify         

(Signed) James A. Cavalieri M. D.  
 (Address) Leonardtown, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10476

## 1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 282  
 Village or City Ridge Md No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Henry Horns  
 (a) Residence: No. Ridge Md Ward. \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Cre 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 57 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Form Latorr

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME James Horns

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMANT Frank L...  
(Address) Ridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Date Oct. 17, 1934

19. UNDERTAKER E. P. Robinson  
(Address) Lawrence Md

20. FILED Oct. 17, 1934 J. O. King  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 16, 1934  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1934 to Oct. 16, 1934

I last saw him alive on Oct. 16, 1934; death is said to have occurred on the date stated above, at 3 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were, as follows:

Tuberculosis of Lungs

Date of onset

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1934

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. O. King M. D.

(Address) Ridge Md



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10477

## 1. PLACE OF DEATH

County St. Mary'sVillage or City Valley Lee

No.

Registration Dist. No. 287

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 5 mos. 29 ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.2. FULL NAME Thomas B. E. Lynch

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 26, 1934

7. AGE

Years

Months

Days

If LESS than

1 day, — hrs.  
or — min.—529

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.None9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Valley Lee  
Ind.

FATHER

13. NAME

John S. Lynch14. BIRTHPLACE (city or town)  
(State or country)Valley Lee  
Ind.

MOTHER

15. MAIDEN NAME

Rose H. And16. BIRTHPLACE (city or town)  
(State or country)Valley Lee  
Ind.

17. INFORMANT

(Address)

John S. Lynch  
Valley Lee Ind.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemetery Date Oct 26, 1934

19. UNDERTAKER

(Address)

Wm E. Mottishaw  
Remondtown, Md.

20. FILED

Oct 25, 1934Wm E. Mottishaw  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 25, 1934  
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Oct 22, 1934, to Oct 25, 1934.I last saw him alive on Oct 25, 1934; death is saidto have occurred on the date stated above, at 6:50 P. m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Cerebral Bruinoma

Date of onset

10/22/34

Other Contributory Causes of Importance:

Stitis Media10/18/34

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19—

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Wm E. Mottishaw  
(Address) Quart Mills, Ind.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10478

## 1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 282  
 Village or City Near Leonardtown No. County Annapolis St. Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 8 yrs. 0 mos. 0 ds.

## 2. FULL NAME

Alexander Marmaduke  
 (a) Residence: No. Michaelsville St. and Ward. 1  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |   |  |
|--|---|--|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of _____<br>(or) WIFE of _____ |   |  |
| 6. DATE OF BIRTH (month, day, and year) <u>1866</u> <u>unknown</u>             |   |  |
| 7. AGE<br><u>68</u>  | Years<br><u>—</u>   | Months<br><u>—</u>   |
|  | Days<br><u>—</u>  | If LESS than<br>1 day, _____ hrs.<br>or _____ min.                         |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farm Laborer</u> |  |
|  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>—</u>                     |  |
|  | 10. Date deceased last worked at this occupation (month and year) <u>—</u>                                      |  |
|  | 11. Total time (years) spent in this occupation <u>—</u>  |  |

12. BIRTHPLACE (city or town) unknown  
 (State or country)

13. NAME unknown

14. BIRTHPLACE (city or town) unknown  
 (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown  
 (State or country)

17. INFORMANT Spreading Ford  
 (Address) Leonardtown

18. BURIAL, CREMATION, OR REMOVAL  
 Place Catholic Church Date Oct 16<sup>th</sup> 1934

19. UNDERTAKER Wm. M. M. M. M. M.  
 (Address) Leonardtown

20. FILED 10/15, 1934 Caution  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 14<sup>th</sup> 1934  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 30<sup>th</sup> 1934 to Oct 14<sup>th</sup> 1934

I last saw him alive on Oct 10<sup>th</sup> 1934; death is said to have occurred on the date stated above, at 20<sup>00</sup> m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis  
 Date of onset —

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Data of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1934

Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_  
 Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_  
 (Signed) J. F. M. M. M. M. D.  
 (Address) Leonardtown

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10479

## 1. PLACE OF DEATH

County

St. Marys

Village or City

Leonardtown

No.

St.

Ward

Registration Dist. No. 282

Length of residence in city or town where death occurred

30

yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Bernard Eugene Mattingly

(a) Residence: No.

Leonardtown

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Cliffie May Mattingly

6. DATE OF BIRTH (month, day, end year)

Aug 15 - 1882

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

62

2

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Farming

10. Date deceased last worked at this occupation (month and year)

July - 1934

11. Total time (years) spent in this occupation

40

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER FATHER

13. NAME

James Woodley Mattingly

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Ann Ambler Mattingly

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

James Mattingly Leonardtown Md

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Joseph Cemetery

Date

Oct 22, 1934

19. UNDERTAKER

(Address)

William C. Mattingly Leonardtown Md

20. FILED

10/21

1934

Cameron

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 17

(Month)

(Day)

1934 (Year)

22.

I HEREBY CERTIFY, That I attended deceased from

Aug 5

1934

to

Oct 17

1934

I last saw him alive on

Oct 17

1934

death is held to have occurred on the date stated above, at 9.10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Sigmoid

Date of onset

?

Other Contributory Causes of importance:

Metastatic Carcinoma, Bow

?

Name of operation

none

Date of

What test confirmed diagnosis?

X-ray

Was there an autopsy?

no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Alfred C. Welch

M. D.

(Address)

Leonardtown Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10462

## 1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 284  
 Village or City Mechanicville No. 119 St. Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred        yrs.        mos.        ds. How long in U.S. if of foreign birth?        yrs.        mos.        ds.

2. FULL NAME James Ignatius (Cooper) Miles

(a) Residence: No.        St.        Ward.         
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

5a. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 20, 1934

7. AGE Years        Months 2 Days 15 If LESS than 1 day,        hrs. or        min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.         
 10. Data deceased last worked at this occupation (month and year)        11. Total time (years) spent in this occupation       

12. BIRTHPLACE (city or town) St. Mary's Co., Md.  
 (State or country)

13. NAME Daniel Cooper

14. BIRTHPLACE (city or town) St. Mary's Co., Md.  
 (State or country)

15. MAIDEN NAME Alice Elizabeth Miles

16. BIRTHPLACE (city or town) St. Mary's Co., Md.  
 (State or country)

17. INFORMANT Laura Miles  
 (Address) Mechanicville, Md.

18. BURIAL, CREMATION, OR REMOVAL  
 Place St. Josephs Cemetery Date Oct. 6, 1934

19. UNDERTAKER E. R. Jarbor  
 (Address) Mechanicville, Md.

20. FILED Oct. 5, 1934 J. L. Sathoron  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 5, 1934  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1934, to Oct. 5, 1934

I last saw him alive on Sept. 28, 1934; death is said to have occurred on the date stated above, at 11.50A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute colitis

Date of onset

Other Contributory Causes of Importance:

Premature birth

Name of operation        Date of       

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?        Date of Injury       , 19      

Where did Injury occur?       

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury       

Nature of injury       

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify       

(Signed) Levin Jarbor M. D.

(Address)

# G. UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*See birth certificate filed under "files" 7-20-34.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10480

## 1. PLACE OF DEATH

County St. Marys Registration Dist. No. 287  
 Village or City Great Mills No. 120 St.          Ward           
 Length of residence in city or town where death occurred 5 yrs. 2 mos. 3 ds. (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 How long in U. S. if of foreign birth?          yrs.          mos.          ds.

2. FULL NAME Ann Hilda Norris

(a) Residence: No.          St.          Ward.           
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of         

6. DATE OF BIRTH (month, day, and year) Aug 27, 1929  
 7. AGE Years 5 Months 2 Days 3 If LESS than 1 day,          hrs. or          min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.           
 10. Date deceased last worked at this occupation (month and year)          11. Total time (years) spent in this occupation         

12. BIRTHPLACE (city or town) Great Mills (State or country) Ind

13. NAME Elmer A Norris  
 14. BIRTHPLACE (city or town) Great Mills (State or country) Ind

15. MAIDEN NAME Violet A Bean  
 16. BIRTHPLACE (city or town) Great Mills (State or country) Ind

17. INFORMANT Elmer A Norris (Address) Great Mills, Ind

18. BURIAL, CREMATION, OR REMOVAL Place Holy Face Cemetery Date Nov 2, 1934

19. UNDERTAKER Wm C Mattingly (Address) Ligon Station Ind

20. FILED Nov 1, 1934 Wm C Mattingly Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 31 1934  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Oct 30, 1934, to Oct 31, 1934.  
 I last saw her alive on Oct 31, 1934; death is said to have occurred on the date stated above, at 11:30 P. m.  
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Gastroenteritis Date of onset 10/29/34

Other Contributory Causes of importance:  
Hydrocephalus acquired. Non-tu- 1/15/30  
derulous. Followed influenza four years ago.  
 Name of operation          Date of           
 What test confirmed diagnosis?          Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:  
 Accident, suicide, or homicide?          Date of injury         , 19          
 Where did injury occur?          (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury           
 Nature of injury         

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify           
 (Signed) Wm C Mattingly M. D.  
 (Address) Great Mills, Ind



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10481

## 1. PLACE OF DEATH

County

Village or City

No.

Registration Dist. No.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

It LESS than  
1 day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER  
(Address)

20. FILED

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

(Month)

(Day)

193

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

I last saw him

alive on

19

death is said

to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Received

Nov. 5, 1934

Bureau V.S.

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10452

## 1. PLACE OF DEATH

County St MarysVillage or City RidgeRegistration Dist. No. 287

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Infant Reed

(a) Residence: No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |                                  |  |
|---|----------------------------------|--|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>Black</u> | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED ( <i>write the word</i> )<br><u>Single</u> |
| 5e. If married, widowed, or divorced<br>HUSBAND of _____<br>(or) WIFE of _____                                |                                  |  |
| 6. DATE OF BIRTH (month, day, and year) <u>Oct 14/34</u>  |                                  |  |
| 7. AGE  | Years                            | Months   |
|   |                                  | Days   |
|   |                                  | If LESS than<br>1 day, _____ hrs.<br>or _____ min.                                     |
| 8. Trade, profession, or particular<br>kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc. <u>None</u> |                                  | 11. Total time (years)<br>spent in this<br>occupation                                  |
| 9. Industry or business in which<br>work was done, as SILK MILL,<br>SAW MILL, BANK, etc. <u>None</u>          |                                  |  |
| 10. Data deceased last worked at<br>this occupation (month end<br>year)                                       |                                  |  |

12. BIRTHPLACE (city or town) Ridge  
(State or country) Ind13. NAME John E Reed14. BIRTHPLACE (city or town) Indianapolis  
(State or country) Ind15. MAIDEN NAME Veronica H Biscoe16. BIRTHPLACE (city or town) Ridge  
(State or country) Ind17. INFORMANT Veronica Reed  
(Address) Ridge Ind18. BURIAL, CREMATION, OR REMOVAL  
Place St Peter's Cemetery Date Oct 15, 193419. UNDERTAKER John E Reed  
(Address) Ridge Ind20. FILED Oct 14, 1934 W. B. Beam  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 14, 1934  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct 14, 1934 to Oct 14, 1934I last saw him alive on Oct 14, 1934; death is saidto have occurred on the date stated above, at 5 A m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Primate birth (6 months)

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What last confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) W. B. Beam M. D.(Address) Grant Mills, Ind

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10423

## 1. PLACE OF DEATH

County St. MarysVillage or City St. Georges Island

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs.

mos.

ds.

How long in U. S. if of foreign birth? \_\_\_\_\_ yrs.

mos.

ds.

2. FULL NAME Mary Anita Robrecht

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, end year) Sept. 29, 1934

## 7. AGE

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.20

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

none

## 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

## 10. Date deceased last worked at this occupation (month and year)

## 11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (city or town) (State or country)

St. Georges Island  
md

## MOTHER FATHER

## 13. NAME

W. Hamilton Robrecht

## 14. BIRTHPLACE (city or town) (State or country)

St. Georges Island  
md

## 15. MAIDEN NAME

M. Louise Sebra

## 16. BIRTHPLACE (city or town) (State or country)

St. Georges Island  
md

## 17. INFORMANT (Address)

Hamilton Robrecht  
St. Georges Island, md

## 18. BURIAL, CREMATION, OR REMOVAL

Place St. James Cemetery Date Oct. 24, 1934

## 19. UNDERTAKER (Address)

Wm C. Mattingley  
Leonardtown Md

## 20. FILED

Oct. 19, 1934Wm C. Mattingley

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 19, 1934  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Oct. 15, 1934, to Oct. 19, 1934.I last saw him alive on Oct. 18, 1934; death is saidto have occurred on the date stated above, at 7 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Nephritis: not preceded by an infectious disease. No disease present at death.

Date of onset

10/10/34

## Other Contributory Causes of importance:

Cystitis10/2/34

## Name of operation

Date of

## What last confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Wm C. Mattingley

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10495

## 1. PLACE OF DEATH

County

Village or City

No.

Registration Dist. No.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

could not tell

4. COLOR OR RACE

black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct 18 - 1934

7. AGE

Years

Months

Days

If LESS than

1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

none

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

St. Inigo, Md.

FATHER

13. NAME

Harvey G. Smith

14. BIRTHPLACE (city or town) (State or country)

St. Marys Co. Md.

MOTHER

15. MAIDEN NAME

Anna B. Lee

16. BIRTHPLACE (city or town) (State or country)

St. Marys Co. Md.

17. INFORMANT

(Address)

Anna B. Lee St. Inigo

18. BURIAL, CREMATION, OR REMOVAL

Place

Home St. Inigo

Date

Oct 19, 1934

19. UNDERTAKER

(Address)

Harvey G. Smith St. Inigo

20. FILED

Oct 20, 1934 Lydia J. Birch

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

(Month)

(Day)

1934 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct 18, 1934 to Oct 18, 1934

I last saw deceased on Oct 18, 1934; death is said

to have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

A premature birth about 3 and one half months I could not ascertain sex child was born when I suggested there was no knowledge of the cause of the miscarriage not intentional

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10494

## 1. PLACE OF DEATH

County St. Mary's  
Village or City Ridge

Registration Dist. No. 280  
St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. John Wesley Smith,  
Ridge Md Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Color 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of widower

6. DATE OF BIRTH (month, day, and year) Feb. 9, 1884

7. AGE Years 50 Months 7 Days 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Capt. Shickel  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Ridge Md  
(State or country)

13. NAME James Smith

14. BIRTHPLACE (city or town) Ridge Md  
(State or country)

15. MAIDEN NAME Harriet Simpson

16. BIRTHPLACE (city or town) Screech Md  
(State or country)

17. INFORMANT Blanche Lee  
(Address) Ridge

18. BURIAL, CREMATION, OR REMOVAL  
Place St. Lukes Date Oct 7/16, 1934

19. UNDERTAKER E. L. Reisman  
(Address) Saunder Md

20. FILED Oct. 15, 1934 John  
Reg. Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 14, 1934  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

No Dr attended this man  
I saw him some  
medicine for a while  
but know he died of  
tuberculosis of lungs

Other Contributory Causes of Importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_.

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. O. Miller M. D.

(Address) Ridge Md



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       |                     |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               |                   |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10436

## 1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 280  
 Village or City St. Inigors No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Susan Smith

(a) Residence: No. St. Inigors, St. M. Ward \_\_\_\_\_  
 (Usual place of abode)  
 If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

|  |                                |   |
|--|--------------------------------|---|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>Col</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of _____<br>(or) WIFE of <u>widow</u>                              |                                |   |
| 6. DATE OF BIRTH (month, day, and year)<br><u>19 years</u>   |                                |   |
| 7. AGE<br>Years <u>79</u>  | Months _____                   | Days _____  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>Housekeeping</u> |                                | 11. Total time (years) spent in this occupation _____                       |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.<br><u>Housekeeping</u>          |                                |   |
| 10. Date deceased last worked at this occupation (month and year) _____  |                                |   |

12. BIRTHPLACE (city or town) St. Inigors, Md  
 (State or country)

13. NAME Ryan Alex Roseme  
 14. BIRTHPLACE (city or town) St. Inigors  
 (State or country)

15. MAIDEN NAME Sarah Ford  
 16. BIRTHPLACE (city or town) St. Inigors, Md  
 (State or country)

17. INFORMANT Mitchell Smith  
 (Address) St. Inigors, Md

18. BURIAL, CREMATION, OR REMOVAL  
 Place St. Peter's Church Date Oct 28, 1934

19. UNDERTAKER E. L. Robinson  
 (Address) St. Inigors, Md

20. FILED Oct 27, 1934 John J. Smith Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct, 26, 1934  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Dist. w. attend deceased  
Dist. sudden on long term  
is present, cause of death  
Agony

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. O. Smith M. D.

(Address) St. Inigors, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
|  |               |
|  |               |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |
|  |               |
|  |               |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
|  |               |
|  |               |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |
|  |               |
|  |               |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10487

## 1. PLACE OF DEATH

County St. MarysVillage or City Park HallRegistration Dist. No. 287

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME

Infant + Somersville

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                  |  |
|-----------------------|----------------------------------|--|
| 3. SEX<br><u>Male</u> | 4. COLOR OR RACE<br><u>Black</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
|-----------------------|----------------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year)

Oct 9, 1934

7. AGE

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.still born

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Park Hall

FATHER

13. NAME

Henry Somersville

14. BIRTHPLACE (city or town)

(State or country)

Park Hall

MOTHER

15. MAIDEN NAME

Mattie M. Fennick

16. BIRTHPLACE (city or town)

(State or country)

Park Hall

17. INFORMANT

(Address)

Henry Somersville  
Park Hall, Ind

18. BURIAL, CREMATION, OR REMOVAL

Place Home, near Park Hall

Date

Oct 9, 1934

19. UNOBTAINER

(Address)

Henry Somersville  
Park Hall, Ind

20. FILED

Oct 9, 1934H. M. B. B. B.  
Regist.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 9  
(Month) (Day)1934  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct 9, 1934, to Oct 9, 1934I last saw him until born Oct 9, 1934; death is saidto have occurred on the date stated above, at 3 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Perinatal birth (5 months)  
10/5/34

Other Contributory Causes of Importance:

Fell down on steps10/5/34

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify

(Signed)

(Address)

H. M. B. B. B.  
Regist.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10438

## 1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 2 F 2  
 Village or City Bellewood No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

James Heare Speas  
 (a) Residence No. Kellywood St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

5a. If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Oct 6 / 34

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Ind. (State or country) Ind.

13. NAME Mr. Speas  
 14. BIRTHPLACE (city or town) Ind. (State or country) Ind.

15. MAIDEN NAME Dodola Fenwick  
 16. BIRTHPLACE (city or town) Ind. (State or country) Ind.

17. INFORMANT Mr. Speas  
 (Address) Kellywood

18. BURIAL, CREMATION, OR REMOVAL  
 Place St. Mary's Date 10/26, 1934

19. UNDERTAKER Mr. Speas  
 (Address) Kellywood

20. FILED 10/26, 1934 Reamacher  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 25, 1934  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1934, to Oct 25, 1934

I last saw him alive on Oct 6, 1934; death is said to have occurred on the date stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: \_\_\_\_\_ Date of onset \_\_\_\_\_

Acute enteric colitis

Other Contributory Causes of Importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy No

23. If death was due to external causes (VIOLENCE) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1934

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Frank A. Camalleri M.D.  
 (Address) Reverendtown

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH.

10490

## 1. PLACE OF DEATH

County

Village or City

No.

Registration Dist. No.

St.

Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER  
(Address)

20. FILED

10/23

1934

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 22, 1934  
(Month) (Day) (Year)

22.

I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Oct 22, 1934; death is said

to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance  
were as follows:

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury 10/22, 1934

Where did injury occur? Near Lonsdale St. Mary's Md

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Road leading from State Road to Lonsdale

Manner of Injury Shot with gun

Nature of Injury Head &amp; neck &amp; back

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank A. Connelley M.D.

(Address) Leonardtown

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

<sup>1</sup> PLACE OF DEATH  
County St Mary'sVillage or City Oraville (No. \_\_\_\_\_)<sup>2</sup> FULL NAME John Leonard LippertSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 284(If death occurred in a hospital or institution, give its NAME instead of street and number.)  
St: \_\_\_\_\_ Ward: \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) S.6 DATE OF BIRTH Sept 24, 1934  
(Month) (Day) (Year)7 AGE \_\_\_\_\_ If LESS than 1 day \_\_\_\_\_ hrs. \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds. or \_\_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession or particular kind of work none  
(b) General nature of industry business, or establishment in which employed or (employer) \_\_\_\_\_9 BIRTHPLACE (State or country) St Mary Co. Md.10 NAME OF FATHER Walter Lippert11 BIRTHPLACE OF FATHER (State or country) St Mary Co Md.12 MAIDEN NAME OF MOTHER Mary Eva Wacker13 BIRTHPLACE OF MOTHER (State or country) St Mary Co Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Lippert(Address) Oraville15 Filed Oct 5 1934 Lavin Jackson  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 5, 1934  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from Sept 27 1934 to Oct 5, 1934.that I last saw him alive on Oct 3, 1934.

and that death occurred on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH \* was as follows:

Acute Colitis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Secondary Malnutrition - body poorly developed  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.(Signed) Lavin Jackson M. D.Oct 5 1934 (Address) Oraville Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

St Joseph's Church Oct 5, 1934

20 UNDERTAKER ADDRESS

Roland Higgins Oraville



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 8 1934

BUREAU V. S.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10491

## 1. PLACE OF DEATH

County St. Mary's Co.Village or City California

Length of residence in city or town where death occurred

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 287

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No.

Dr. Francis Watts

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single5e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct 26, 1934

7. AGE

Years

Months

Days

If LESS than  
1 day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

"

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

California on road to Jarboville

MOTHER | FATHER

13. NAME

Stephen Watts

14. BIRTHPLACE (city or town) (State or country)

St. Mary's Co. Md

15. MAIDEN NAME

Mary Delia Johnson

16. BIRTHPLACE (city or town) (State or country)

St. Mary's Co. Maryland

17. INFORMANT (Address)

Stephen Watts  
California Md

18. BURIAL, CREMATION, OR REMOVAL

Place At home farmDate Nov 27, 1934

19. UNDERTAKER (Address)

Stephen Watts  
California Md

20. FILED

Nov 3, 1934At home Md

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct  
(Month)27  
(Day)4  
(Year)

22.

I HEREBY CERTIFY That I attended deceased from

Oct 26, 1934 to Oct 27, 1934I last saw him alive on Oct 26, 1934; death is saidto have occurred on the date stated above, at 6-30 pm.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Child, when born had severe trouble breathing had a rattling in throat. Had a long labor and fine knot in cord. Used an ampoule of pituitary extract at birth.

Other Contributory Causes of importance:

Date of onset

Oct 26

Name of operation

Date of

What test confirmed diagnosis? physical Exam. Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

Brown & Co.  
Leonard Brown, M.D.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN